

MULTIPLE CLAIM
FEE CALCULATOR SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
2							51					
3							52					
4							53					
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43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.	3						100					
TOTAL DEP.	3											
TOTAL CLAIMS	6											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS